

A Health Care Innovation Grant Project: A Collaboration of Contra Costa County EHSD Aging & Adult Services Bureau and the Contra Costa Health Plan

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EXECUTIVE SUMMARY

Teamwork is the ability to work together toward a common vision. It is the ability to direct individual accomplishments toward organizational objectives. It is the fuel that allows common people to attain uncommon results.

—Andrew Carnegie

Case Study Approach

This case study is a brief examination of the evolution, implementation, and current outcomes of the Care Team Integration of In-Home Supportive Services (IHSS) Home-Based Workforce Center for Medicare & Medicaid Services' (CMS) innovation project, as it relates to Contra Costa County Employment and Health Services Department (EHSD) Aging & Adult Services Bureau and Contra Costa Health Plan (CCHP); henceforth known as "The Plan." Specifically, the background, partners, funding, innovation, and outcome will be examined.

In 2010, the Affordable Care Act (ACA) was signed into law. In 2011, Centers for Medicare and Medicaid Services (CMS) released a Funding Opportunity Announcement for round two of the Health Care Innovation Award. California was one of 15 states awarded a \$1 million planning contract from CMS to develop the evidence to alleviate fragmentation and improve coordination of services for Medicare-Medicaid enrollees, enhance quality of care for this population, and reduce costs for the state and the federal government. In 2013, CMS restricted

up to \$1 billion for awards and evaluation of projects from across the country that test new payment and service delivery models that will deliver better care and lower cost for Medicare, Medicaid, and Children's Health Insurance Program (CHIP) enrollees.

The California Long-Term Care Education Center (CLTCEC) will receive a share of the \$11.8M Health Care Innovation Grant Project award over a three-year period to conduct IHSS caregiver trainings. California's Medicaid personal care services program, known as In-Home Support Services (IHSS) serves disabled individuals, 85 percent of whom are Medicare-Medicaid enrollees. The project recognizes the unique position of personal home care aides (PHCAs) with respect to their caring for some of the sickest and most costly Medicare and Medicaid enrollees. The estimated three-year savings is projected to be \$25M; this is \$10.3M in Medi-Cal and \$14.7M in Medicare savings.

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Contra Costa County Accomplishments

The initial phase of the collaboration of Contra Costa County EHSD Aging & Adult Services Bureau and The Plan is a creatively successful endeavor. At present, the Contra Costa County collaborative project is slightly halfway into its three-year timeline. To date, 50% of the targeted number of IHSS caregiver trainees, are trained. Contra Costa County expects to reach its goal of 200 trainees by the conclusion of the project year. There are over 6,000 IHSS caregivers in the county, so only a small number of them are undergoing training in this pilot project.

Implementation in Marin County

Marin County is one of the smaller California counties. As of 2010, its population was about 252,400. The County of Marin is the largest employer. The mission of the Marin County Health & Human Services Division is to promote and protect the health, well-being, self-sufficiency, and safety of all people in Marin County.

Marin County is currently unable to implement such an innovation. Marin County has a Health &

Human Services Department Aging & Adult Services Bureau IHSS program, but it does not have a county-sponsored health care plan. The absence of a Marin County health plan prevents the sharing of IHSS beneficiary health and home-care service records. With the Health Insurance Portability and Accountability Act (HIPAA) of 1996 privacy, security and breach notification rules, Marin County is unable to collaborate and manage Medicare/Medicaid beneficiary data with the local non-county hospitals.

With the forthcoming transformation to Electronic Health Records (EHRs) mandate around the corner, this HIPAA obstacle would not arise. It would allow improved coordination of health care services, as well as secure sharing of electronic information with patients and other clinicians. Following EHR implementation, when beneficiary records are securely shared, a collaborative between Medicare and Medicaid beneficiaries' health care providers and other utilized organizations could thrive in Marin County.

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Introduction

In California, there are 450,000 people receiving care in the IHSS system at any given time, more than the dually eligible beneficiaries getting home care in the rest of the states combined. The Health Care Innovation grant award amount is \$11.8M over a 3-year period. Its key objectives are to reduce Emergency Room (ER) visits by 23 percent, and hospital admissions from the ER by 23 percent over three years. The project strives to confidently see a 10 percent reduction in the average length of stay in nursing homes over the same time period. The estimated three-year savings is projected to be \$25M; this is \$10.3M in Medi-Cal and \$14.7M in Medicare savings.

The Affordable Care Act (also known as health care reform, or HCR), was signed into law on March 23, 2010. It increases access to quality and affordable health care for all citizens. Established by the ACA, the Center for Innovation is a new system for revitalizing and sustaining Medicare, Medicaid, and CHIP, and ultimately for improving the health care system for all Americans.

The Innovation Center was established by section 1115A of the Social Security Act (as added by section 3021 of the Affordable Care Act). Congress created the Innovation Center for the purpose of testing “innovative payment and service delivery models to reduce program expenditures, while preserving or enhancing the quality of care” for those individuals who receive Medicare, Medicaid, or CHIP benefits.

This Health Care Innovation Grant is one of dozens that the federal innovation center developed to partially fund innovative ideas to advance the delivery of better and more cost-efficient care to beneficiaries enrolled in Medicare and Medicaid Health Insurance Program. CLTCEC, partnering with an originally interested group of ten entities, committed to the integration of personal care attendants into the health care system. Although four of the original ten entities have since elected not to participate in this innovation project, the seven entities participating are:

- 1. Service Employees International Union (SEIU) – United Long Term Care Workers (ULTCW) and United Health Care Workers (UHW)**
- 2. Shirley Ware Education Center**
- 3. Contra Costa County Employment & Human Services Department (EHSD)**
- 4. Contra Costa County Health Services**
- 5. Several smaller Los Angeles County Health Plans**
- 6. Inland Empire Health Plan of San Bernardino County**
- 7. University of California San Francisco (UCSF) Center for Health Professions.**

The grant funds were originally restricted to the training and integration activities of 6,000 statewide IHSS care workers in the EHSD Aging & Adult Services Unit and the Health Plan of Contra Costa, Los

Angeles, and San Mateo counties into care coordination teams. Although Los Angeles and San Mateo counties decided to withdraw from this innovation project, there are several smaller health plans in Los Angeles County that are participating and San Bernardino County recently began participating. Contra Costa County continues to be committed to provide training and health care integration to 200 IHSS workers.

This initiative will provide financial, technical, and other support to states that are either prepared to test or are committed to designing and then testing new payment and service delivery models in the context of broader health system transformation. While it is expected that states pursue multi-payer reforms that will improve care across their health systems, Innovation Center funding must benefit Medicare, Medicaid, or CHIP beneficiaries.

Implementation Timeline

The innovation project is the training of the home-based workforce for integration into the county care team. CLTCEC, associated with Service Employees International Union (SEIU) - United Long Term Care Workers (ULTCW) and United Health Care Workers (UHW), will focus on developing the IHSS workforce by training IHSS caregivers in core competencies that will enable them to serve as agents of change and assume new roles with respect to caring for their IHSS caregiver. These core competencies include being health monitors, coaches, communicators, navigators, and care aides.

Enacting state law to move the health care coordinated care agenda was an early order of business. In 2010, the California Legislature directed the California Department of Health Care Services (DHCS) to create new models of coordinated care delivery for dual eligible. Senate Bill 208 (Steinberg, Chapter 714, Statutes of 2010) authorized a pilot project that would integrate the full range of Medicare and Medi-Cal (California's Medicaid program) services, including Medi-Cal Long-Term Services and Supports (LTSS) and behavioral health services for individuals eligible for both programs ("dual

eligible" or "Medicare-Medicaid enrollees"). The Coordinated Care Initiative (CCI) defines LTSS benefits as institutional services (e.g. skilled nursing facilities) and home and community-based services (e.g. In-Home Supportive Services, Multipurpose Senior Services Program, and the community-based Adult Services program).

Rolling out the innovation grant awards was the next order of business. In 2011, California was one of 15 states awarded a \$1 million planning contract from the Centers for Medicare & Medicaid Services (CMS) to develop the demonstration to "alleviate fragmentation and improve coordination of services for Medicare-Medicaid enrollees, enhance quality of care for this population, and reduce costs for the State and the Federal government." At the time, California had approximately 1.1 million people enrolled in both Medicare and Medi-Cal, who are among the state's highest need and highest cost users of health care services. Less than 15 percent of the state's dual eligible were enrolled in any kind of organized care. The majority must access services through the fragmented "fee-for-service" delivery system, where services can be scattered, medical records are not easily shared, and resources are unevenly distributed. The CMS hypothesis is that the lack of coordinated care may lead to lower quality care, sometimes no care at all, and/or more expensive care. The Service Employees International Union (SEIU) - United Long Term Care Workers (ULTCW), sent a letter, clarifying the union's understanding of the intent of Senate Bill 208. Among other things, it stated that the demonstrations must maximize the ability of dual eligible to remain in their homes and communities with appropriate services and supports in lieu of institutional care, as well as increase the availability of and access to home and community-based alternatives for all beneficiaries. It is critical to controlling health care costs and improving quality of life to focus on overall health by managing chronic illness and providing prevention and wellness services; this will enable people to remain in their home and prevent unnecessary hospitalizations, nursing home stays and readmissions. Integrating benefits and

funding streams, and creating balanced incentives in a managed care framework should help achieve this objective.

In 2012, California's FY 2012-2013 budget established the Coordinated Care Initiative (CCI) with the goal of "transforming California's Medi-Cal care delivery system to better serve the state's low-income older adults and persons with disabilities." CCI outlines changes to the medical care and LTSS systems serving these individuals, and specifies various requirements related to the innovation.

In 2013, an all-county information notice was released announcing the availability of the CCI voluntary provider training curriculum. Welfare and Institution Code (WIC) Section 12330 requires the California Department of Social Services (CDSS), in consultation with the state Department of Health Care Services (DHCS) and in collaboration with the stakeholders, to develop a voluntary IHSS provider training curriculum that addresses issues of consistency, accountability, and increased quality of care for IHSS recipients, by no later than January 2014.

In May 2013, the Centers for Medicare & Medicaid Services (CMS) released a Funding Opportunity Announcement for round two of the Health Care Innovation Awards. Under this announcement, CMS activated spending up to \$1 billion for awards and evaluation of innovative projects from across the country that test new payment and service delivery models that will deliver better care and lower costs for Medicare, Medicaid, and Children's Health Insurance Program (CHIP) enrollees. The second round of the Health Care Innovation Awards will support public and private organizations in four defined areas that have a high likelihood of driving health care system transformation and delivering better outcomes. Specifically, in this second round, CMS sought proposals in numerous categories; the following category is applicable to this case study. Proposals related to "models that are designed to rapidly reduce Medicare, Medicaid, and/or CHIP costs in outpatient and/or post-acute settings" were invited to be submitted.

California IHSS and PA

In-Home Supportive Services (IHSS) and Public Authority (PA) are unique in the United States. The history of the programs has involved both state and federal government regulations and laws.

Innovation

CLTCEC RESPONSIBILITY

CLTCEC received a Health Care Innovation Award to provide free training to a number of beneficiaries who are served by both IHSS and a health plan. The consumer and caregiver trainees must be enrolled in the In-Home Supportive Services (IHSS) program.

The caregiver is trained for integration into the "health care team" that includes the beneficiaries' doctor and other health care professionals. The targeted training results are:

TARGETED RESULTS

- 1. make better health monitors**
- 2. develop stronger health professional communicators**
- 3. develop helpful health care professional navigators**
- 4. train care aides**
- 5. make a difference in beneficiaries and caregiver daily lives**
- 6. maintain the best possible level of beneficiary, caregiver, and health system functionality**
- 7. effectively utilize the outpatient primary care system**
- 8. avoid unnecessary beneficiary hospitalization**

The IHSS caregiver will receive training in every aspect of care from professional CLTCEC instructors. A synopsis of the training curriculum is listed below.

CURRICULUM

- 1. An education on how IHSS works**
- 2. Certification in cardiopulmonary resuscitation (CPR) & First Aid**
- 3. Nutrition**

4. **Body Mechanics**
5. **Home Safety**
6. **Quality of Life**
7. **Body Systems**
8. **Diabetes Prevention, Symptoms, and Stabilization**
9. **Common Diseases**
10. **Alzheimer**
11. **Infection Control**
12. **Other Applicable Topics**

IHSS Beneficiary's Enrollment Process

An IHSS beneficiary who qualifies to participate in the program will be contacted by an IHSS social worker. The IHSS social worker will give the beneficiary an information packet that will include an informed consent form and Health Insurance Portability and Accountability Act (HIPAA) authorization. If the beneficiary decides that they would like to participate in the program, they will read and sign the consent forms and give them back to the IHSS social worker. After receipt of the signed consent forms, the IHSS social worker will assist the beneficiary and their IHSS caregiver to register with CLTCEC. If accepted into the program, the beneficiary will receive a user identification (ID) number.

IHSS Beneficiary Enrollment Process Training

The IHSS beneficiary and caregiver will be asked to attend two classes on using their caregiver's skills to their advantage. Upon completion of these classes, held at a CLTCEC location, the beneficiary and caregiver will each receive a \$95 value debit card, or else receive \$35 if completing required classes at the beneficiary's home due to their limited mobility.

IHSS Caregiver Process

The IHSS beneficiary must permit their IHSS caregiver to attend weekly trainings for 3.5 hours, once per week, for up to 17 weeks. The training is free.

In order to participate in this training, their beneficiaries must be in the program. The qualifications for a Contra Costa County caregiver to

participate in this training program are that their beneficiary must:

1. **Be an IHSS beneficiary,**
2. **Be a member of the Contra Cost Health Plan, and**
3. **Have two or more activities of daily living (ADL) limitations with an assessed ranking of three or higher; or two or more ER visits in past 12 months; or two or more hospitalizations in past 12 months.**

The IHSS caregiver who qualifies to participate in the program will be contacted by an IHSS social worker. The caregiver's beneficiary must have a User ID number. The IHSS social worker will assist the caregiver to make contact with CLTCEC to register and get their unique User ID number. Confirmation materials will be mailed to the caregiver, which will include dates and times of classes. Upon completion of the training, the caregiver may qualify for a stipend.

Contra Costa County Commitment

As of the 2010 census, Contra Costa County had a population of 1,049,025. In 2006, the Plan was forced to put its "Aging and Long-Term Care Integration Project" on hold because of lack of state support for their model, which proposed to use interdisciplinary medical and social work case management to integrate Health Care & Home and Community Based Services (HCBS). Contra Costa County is a leader in the development of an integrated model of care for Medicare and Medicaid dually eligible seniors and persons with disabilities.

In Contra Costa County, there is a firm commitment to recruit and train 200 IHSS care-givers. A number of CLTCEC classes are underway and numerous CLTCEC graduations have occurred.

Currently, recruitment for class participation is steady. At present, the Contra Costa County collaborative project is slightly in the middle of its three-year timeline. Approximately 50% of participants have been trained or are currently training. EHSD is

confident in achieving its recruitment and training target of 200 caregivers.

Conclusion

The Contra County collaborative is on track and working effectively to ensure that IHSS caregivers are regularly recruited and enrolled in CLTCEC training. There are processes in place to effectively document specific innovation data. The UCSF Center for Health Professions is evaluating project data. At this time, project modifications and/or process eliminations are not warranted.

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9. IHSS Public Authority of Marin County <http://www.pamarin.org/>

